

**SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM  
(SAUSHEC) DUE PROCESS POLICY  
FOR RESIDENTS IN GRADUATE MEDICAL EDUCATION PROGRAMS**

**I. General.**

A. This document outlines the process of management at SAUSHEC for residents who encounter academic, technical, and/or professional conduct problems. The procedures prescribed herein apply to program level remediation, administrative remediation, probation, extension of training, and termination from training. These procedures present a sequence of corrective action emphasizing due process, thorough documentation of all actions, and timeliness of the process.

B. These procedures must be applied uniformly and fairly to all residents and faculty in each SAUSHEC program. The SAUSHEC institutional due process policy applies to all residents in training programs for issues relating to professional or academic performance regardless of the sponsoring uniformed service. Issues of misconduct or noncompliance with uniformed service regulations unrelated to academic or professional performance will be managed according to the policies of the resident's commander and sponsoring uniformed service.

C. Upon entry into a training program, the resident will be provided a copy of this due process policy. The resident will sign a statement acknowledging receipt and review of this document as well as an understanding of its content. This signed statement will be maintained in the resident's training file.

D. A resident's refusal to acknowledge receipt of written recommendations during any process prescribed herein will be recorded in writing but will not result in a delay of any recommended action or proceeding.

**II. Definition of Terms.** These terms are defined to conform to the administrative structures of SAUSHEC.

A. SAUSHEC is the GME consortium of Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC) which was created to administer and manage military GME programs in San Antonio. SAUSHEC is the ACGME- recognized sponsoring institution for all military GME programs in San Antonio.

B. Dean, SAUSHEC. The institutional official having the authority and the responsibility for oversight and administration of SAUSHEC GME programs. He/she is also the ACGME-designated institutional official for GME for the consortium.

C. Associate Dean for GME, SAUSHEC. Both BAMC and WHMC have Associate Deans for GME each one of whom is also the Director of Medical Education at his/her respective

medical center. Working under the direction of the Dean, these individuals will be the on-site, day-to-day managers of GME issues at their respective institutions.

D. Decision Authority. An individual/committee designated in institutional documents as having initial approving authority for adverse actions. The decision authority at SAUSHEC is the GMEC.

E. Appellate Authority. An individual designated in institutional documents as having final authority for an adverse action. The SAUSHEC appellate authority for probations and extensions of training is the Dean. For a termination the appellate authority is the medical treatment facility (MTF) commander of the resident's sponsoring uniformed service.

F. Graduate Medical Education Committee (GMEC). The institutional committee composed of the Dean, Associate Deans, program directors, resident representatives and other SAUSHEC faculty whose charter is to monitor and advise on all aspects of SAUSHEC GME. To conduct business, the GMEC must have a quorum which is 50 percent of the its voting membership present.

G. Institutional Documents. The organizational documents that define the structure and the chain of authority and accountability for the institution sponsoring GME within SAUSHEC.

H. SAUSHEC MTF and MTF commander. A military hospital in which SAUSHEC Graduate Medical Education training occurs. Each SAUSHEC MTF has a commander with military administrative responsibility for the uniformed service residents assigned to his/her command.

I. Uniformed service. SAUSHEC residents are active duty officers that may be from the Army, Air Force, or Navy. Residents on active duty are governed by the SAUSHEC GME policies as well as by rules and regulations of their respective uniformed service.

J. Program training committee. Each SAUSHEC GME program will have a program training committee comprised of key faculty members and resident representatives. The program director or designee will chair this committee which will assist him/her in developing program curricula and policies and which will participate in dealing with residents who may not be meeting program or military standards.

K. Remediation plan. Counseling, program level remediation, Dean's administrative remediation, probation and extension of training are all considered remediation plans designed to help a resident meet program and/or military standards.

L. Adverse actions. Probation, extension in training, and termination from training may be considered reportable adverse actions by many state licensing boards and/or by the National Practitioner Data Bank.

M. Faculty Board. A board of faculty members that are assigned by the Dean to serve as members of a formal resident hearing. (See paragraph XI.)

### **III. Program Director Responsibility**

A. A training file must be maintained for each resident by the Program Director.

B. A training agreement must be maintained for each resident. This agreement will be signed by the resident prior to entry into a GME program and will be maintained in the resident's training file.

C. Program directors must establish effective program training committees to assist in management and improvement of the program and to assess the performance of the residents.

D. Residents must be provided written educational goals and objectives specific to each training year and must be given written performance evaluations documenting whether they are achieving those goals at appropriate intervals. The frequency of evaluations must satisfy program requirements published by the Residency Review Committee of the ACGME. Evaluations should be performed at least semi-annually.

E. Program directors will assess residents and identify residents with deficiencies in knowledge, skills, and attitudes. This includes failure to comply with military service regulations such as those prescribing weight, physical fitness, licensure or other requirements. Program directors are responsible for compliance with the requirements prescribed herein.

F. A remediation plan must be initiated and counseling with the resident documented when a program director identifies a resident with significant deficiencies in knowledge, skills, or professional attitudes for noncompliance with military service requirements.

G. The program director with his/her program training committee will immediately investigate any allegation of unethical behavior, unprofessional conduct, resident health problems or concerns that the resident cannot safely engage in patient care at the level expected of a resident at his/her stage of training. If, during an interview an individual begins to disclose information that indicates a violation of the Uniform Code of Military Justice (UCMJ) may have occurred, the program director will halt the interview immediately, apprise the individual of his/her rights against self-incrimination and immediately contact the proper legal and law enforcement authorities. If the individual discloses information the program director determines may be a violation of UCMJ, the incident must be presented to the GMEC for consideration of adverse action. Any adverse action must afford due process in accordance with this policy document. After the resident circumstances are reviewed, the program director may either allow the resident to continue in his/her duties, or may restrict or suspend the resident's training status and patient care activities pending further investigation.

1. If the resident is allowed to continue in his/her duties, the program director must record in the resident training file the allegation and the results of the inquiry reflecting confidence in the resident.

2. If the program director restricts or suspends the resident's training status and patient care activities, the program director must notify the resident in writing that his/her training status

and patient care activities are restricted or suspended and must specify the deficiencies, acts, or circumstances for which restriction or suspension from training status is imposed; notify, in writing, the clinical department head to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; and submit a written record of the allegation and inquiry to the Dean with signed acknowledgement of receipt or a copy from the clinical department chief and the resident.

3. The resident will be advised that this issue will be reviewed by the GMEC and will be given a copy of this due process policy. The Dean will schedule a time to review this proposed action at the next regularly scheduled GMEC meeting or an ad hoc meeting of the GMEC meeting or at an ad hoc meeting of the GMEC.

**IV. Documentation of Resident Performance.** Documentation begins with annual counseling of goals and objectives followed by written performance evaluations and periodic written statements from the program director describing the success of the resident in achieving designated milestones in professional development.

A. Assessment of the resident's performance should consider the progressive development under supervision of the knowledge, skills, and attitudes required for safe, effective and compassionate patient care commensurate with the resident's level of training and responsibility.

B. When progress is below program standards, the program director must assess:

1. Adequacy of clinical experience in the program.
2. Adequacy of supervision and teaching and scholarly activity in the program.
3. Adequacy of the resident's personal learning program for professional growth with guidance from the teaching staff.
4. Adequacy of the resident's full participation in the educational and scholarly activities of the program.

**V. Remediation Plans.** Education programs require flexibility in program structure and design. The resident should be given feedback, counseling and faculty assistance to overcome deficiencies. Any action will be thoroughly discussed with the resident and made part of his/her resident training file. When the program director and the program training committee identify residents whose academic, professional or military performance fails to meet expected standards of knowledge, skills or attitudes, they must develop a written remediation plan which will include objective criteria by which improvement can be judged. The resident will sign acknowledgement of receipt of this plan. Residents may be considered for program level remediation, probation, or extension in training based upon any of the following:

A. Failure to meet academic or technical performance standards or objectives of the training program.

B. Lack of application to include--but not limited to--absences, tardiness, and/or failure to perform clinical duties in a timely or adequate fashion.

C. Conduct considered unprofessional that directly affects the practice of medicine, or the course of training, or performance of military duties.

D. Failure to meet professional or administrative responsibilities, such as those prescribing weight, physical fitness or other military standards, licensure or other requirements.

E. Incident of gross negligence or willful misconduct including a violation of the UCMJ.

**VI. Program Level Remediation.** Program level remediation generally allows for correction of deficiencies without formal probation and should be preceded by documented written counseling between the resident and the program director/program training Committee.

A. In general, program level remediation precedes formal probation except in cases of gross negligence or willful misconduct which can be referred to the GMEC for immediate consideration of adverse action.

B. The Associate Dean must be informed of any program level remediation plan in writing by the program director for review and tracking. However, no formal presentation to the GMEC is required unless the Associate Dean recommends to the Dean that this resident's performance be reviewed by the GMEC.

C. A program level remediation plan should not exceed 60 days nor be extended or repeated without presentation to the GMEC.

D. The program director will provide the resident with clear, written remediation plan which will include the following:

1. Description of specific deficiencies in performance and previous efforts (counseling) to fix them.

2. Methods and resources to be used to improve the noted deficiencies.

3. List of objective measures which must be achieved to be removed from program level remediation.

4. Restrictions or conditions placed on the resident during remediation.

5. Time frame for documentation of improvement not to exceed 60 days.

E. The program director will ensure that the resident understands the deficiencies as well as requirements for improvement.

F. The program director will offer counseling and assistance to the resident to achieve the goals of the remediation and will designate a faculty advisor to assist the resident during remediation.

G. The resident will sign a statement acknowledging receipt of the program level remediation plan. This signed statement will be maintained in the resident's training file and a copied forwarded to the Associate Dean.

## **VII. Dean's Administrative Remediation.**

A. When a resident who is otherwise doing well in his/her academic training fails to meet certain critical administrative milestones required by military or civilian regulatory agencies, e.g., failure to take and/or pass the USMLE; failure to obtain an unrestricted state medical license within 2 years of medical school graduation; or persistent failure to meet military requirements, he/she will automatically be placed on administrative remediation by the Dean.

B. Administrative remediation will be for a period of three months. When the resident completes the administrative requirement, he/she will be returned to normal training status and his/her administrative record expunged.

C. If the resident fails to meet the administrative remediation requirement in 3 months, his/her status will be considered for extension if he/she is making a good faith effort to complete the requirement but has not been successful due to factors beyond his/her control. If the resident is not making a good faith effort to complete the requirement at 3 months or has been unable to complete the requirement after extension, he/she will be brought before the GMEC for consideration of probation, extension of training or termination.

## **VIII. Probation.** See Appendix I.

A program director may propose probation for a resident after a period of program level remediation, after persistent uncorrected poor performance/attitude, or after a single incident of gross negligence or willful misconduct. Probation is a supervised remediation plan to assist the resident in understanding and correcting significant deficiencies in knowledge, skills or attitudes. The period of probation generally will be at least 30 days and usually will not exceed 90 days and will always extend 5 working days beyond a scheduled GMEC. On the recommendation of the program director the GMEC may vote to extend the term of probation for a period not to exceed an additional 90 days. Residents who fail to demonstrate adequate improvement after two consecutive periods of probation generally will be recommended for an extension of training or termination by the program director under due process procedures. Probationary status may end in a return to full training status, extension of training, resignation or termination from training.

A. The proposal for probation may be based upon one or more of the following and must be fully documented:

1. Failure to meet academic, professional, military or technical performance standards of the program.

2. Lack of endeavor in the training program.
3. Lack of application of the resident's knowledge or skill.
4. Unprofessional conduct (medical and/or military).
5. Failure to correct deficiencies despite counseling.
6. Regression or failure to progress after removal from program level remediation or formal probation despite counseling.
7. Severe disciplinary problems.
8. Evidence of substance abuse (in accordance with applicable Service regulations).
9. Incident of gross negligence or willful misconduct to include a violation of the UCMJ. Other circumstances deemed significant by the program director.
10. Other circumstances deemed significant by the program director.

B. To place a resident on probation, the program director must notify the resident that a proposal for probation is being considered. The program director and the program training committee will meet with the resident to discuss the proposal and to advise the resident of his/her right to due process under this policy. At this time the resident can provide verbal feedback to the program director and program training committee. After the meeting the resident will have a minimum of 5 working days to prepare any further written feedback.

C. If, after the meeting and review of the resident's written response, the program director and program training committee decide to recommend probation, the program director will again meet with the resident and will provide him/her with a copy of the probation request as it will be submitted to the Dean. A record of this notification including a signed acknowledgment of receipt by the resident of a copy of the probation request must be maintained in the resident's training file.

D. The program director recommendation to the Dean for the GMEC should include the following:

1. Specific reasons for the proposed probation including a description of prior attempts to resolve the problem.
2. Performance plan which identifies the steps for improvement during probation and the resources available to the resident to accomplish the goals during the probationary period.
3. Measurable endpoints for successful completion of probation.
4. Recommended duration of probation.

5. The notification to the resident proposing probation.

6. The resident's written response, if any, to the probation proposal.

7. The resident's training file which includes documentation of all previous performance evaluations, counseling and results of program level remediation, if applicable.

E. After review by the Associate Dean/Dean, the program director's recommendation will be presented to the GMEC at a scheduled meeting or ad hoc meeting, if necessary. The resident has the option to attend the GMEC meeting or submit a written statement to the committee. No witness or legal representation are authorized for the resident at this meeting. A GMEC decision is determined by a simple majority vote. If the GMEC votes to deny the recommendation, the program director is then notified in writing of the GMEC decision by the Dean with specific comments. The program director in turn notifies the resident of the GMEC decision.

F. If the GMEC votes to accept the program director recommendation, then the Dean and the program director meet with the resident and provide the resident the GMEC decision in writing. The resident has the right to accept the decision or to appeal the decision in writing within 5 working days through a faculty board hearing. (See paragraph XI.)

1. This meeting must be documented by the Dean and an acknowledgment signed and dated by the resident, a copy of which is maintained in the resident's training file.

2. The program director will assign a faculty advisor to assist the resident in the probation plan.

3. If appropriate, voluntary medical, mental health, or learning disability evaluation will be offered to the resident at no cost to him/her resident during the probation period. Requests for evaluation outside the institution will be reviewed case-by-case and honored on the merits of the request. The resident will be responsible for all costs associated with outside evaluations.

4. The program director will submit a written reports to the GMEC of the resident's performance during probation. A copy of these reports will be submitted to the Dean and to the probated resident no later than 3 working days before the next scheduled GMEC meeting. The resident will be requested to sign the report acknowledging receipt. The resident may also submit written statements on his/her behalf to the GMEC.

G. Extension of probation period. An extension of probation can be recommended by the program director for a 90-day period. The resident has the option to attend the GMEC meeting or submit a written statement to the committee. A GMEC decision is determined with a fifty-percent vote. If GMEC votes to approve the extension of probation, the resident can appeal the decision to the Dean within 5 working days of the GMEC meeting and request a faculty board hearing. The Dean will notify the resident in writing of the final decision.

H. The probation period will end in one of the following:



1. Return to normal training status: The program director and the program training committee may determine the resident's performance has improved and meets the stated terms for successful remediation; i.e. all measurable endpoints have been achieved. The program director may then recommend the GMEC remove the resident from probation. Removal from probation requires a simple majority vote.

2. Extension of training. (See paragraph IX.)

3. Termination. (See paragraph X.)

4. Resignation. (See paragraph XII.)

#### **IX. Extension of Training.** See Appendix I.

Extension of training may be necessary to meet acceptable academic requisites for residency training. Extension in training is handled the same as probation. (See paragraph VIII.)

A. Usually, brief periods of absence can be accommodated without extension of training as long as the absence does not interfere with the requisites for residency training. Occasionally an extension of training is necessary for training missed due to medical, personal or administrative reasons unrelated to poor performance. This would not be considered an adverse action.

B. The resident has the right to appeal the decision by the GMEC for an extension of training. The appeal is conducted through a faculty board hearing. (See paragraph XI.) SAUSHEC has residents from the Army, Air Force, and Navy. Each branch of uniformed military service will apply the appeal process of its respective service for SAUSHEC recommended extensions of training.

C. Since extension of training may affect future professional assignments, special pay, and/or obligations, HQDA/OTSG (DASG-PSZ-MG) and for Army residents and the HQ AFPC/DPAME for Air Force residents, must be notified as soon as a resident is being considered for extension and again when the Dean notifies the resident of the GMEC decision to extend training.

#### **X. Termination from Training.** See Appendix II.

Termination is the most serious action that can be proposed by a program director and will normally be considered only after a period of formal probation or after a single incident of gross negligence or willful misconduct. A recommendation for termination must be approved by a two-thirds vote of the GMEC.

A. Recommendation for termination must be based upon one of the following:

1. Failure to satisfactorily correct deficiencies while on probation.

2. Regression or failure to satisfactorily progress after removal from probation.
3. When continuation in training presents a hazard to patients.

4. Any act of gross negligence or willful misconduct which can include a pattern of past performance or a single act. Under these circumstances the resident may be placed on administrative duties and removed from patient care responsibilities until resolution of the termination process. Termination under these circumstances requires notification of the appropriate credentialing authority.

5. Failure to meet significant military milestones or requirements despite documented attempts at remediation.

B. The program director must notify the resident that a proposal for termination is being considered. The program director and the program training committee will meet with the resident to discuss the proposal for termination and advise the resident of his/her right to due process under this policy. At this time the resident can provide verbal feedback to the program director and program committee. After the meeting the resident will have a minimum of 5 working days to prepare any further feedback in writing.

C. If, after the meeting and review of the resident's written response, the program director and program training committee decide to recommend termination, the program director will again meet with the resident and will provide him/her with a copy of the termination request as it will be submitted to the Dean. A record of this notification including a signed acknowledgment of receipt by the resident of a copy of the termination recommendation must be maintained in the resident's training file.

D. The recommendation for termination to the Dean should include the following:

1. Specific reasons for the proposed termination and a summary of past attempts to correct the problems.

2. Copy of previous probation request(s), if applicable.

3. The notification to the resident proposing termination.

4. The resident's response, if any, to the termination proposal.

5. The resident training file which includes documentation of all previous performance evaluations, counseling and results of any previous remediation plans, if applicable.

E. The program director recommendation is presented to the GMEC at a scheduled meeting or ad hoc meeting, if necessary. A GMEC decision is determined by a two-thirds vote. If the GMEC votes to deny the termination recommendation, the program director is notified in writing by the Dean of the GMEC decision with specific comments. The program director in turn notifies the resident of the GMEC decision.

F. If the GMEC votes to accept the program director recommendation for termination, the Dean meets with and notifies the resident in writing of this decision and his/her rights to participate in the faculty board hearing. This meeting must be documented by the Dean and an acknowledgment signed and dated by the resident, a copy of which is maintained in the resident's training file.

G. If appropriate, voluntary medical, mental health, or learning disability evaluation will be offered to the resident at no cost to the resident. Requests for evaluation outside the institution will be reviewed case-by-case and honored on the merits of the request. The resident will be responsible for all costs associated with outside evaluations.

H. The Dean subsequently initiates a faculty board hearing to review the GMEC termination decision. (See paragraph XI.)

## **XI. Faculty Board Hearing**

A. Preliminaries. Failure of the resident to attend the faculty board hearing constitutes a waiver by the resident of his/her right to participate in the hearing. If the resident asks to be present, but subsequently cannot attend the scheduled hearing and a reasonable delay would not make it possible for the resident to attend, then the faculty board hearing may proceed with the action in the resident's absence. The circumstances and the necessity of proceeding with a faculty board hearing without the resident present will be clearly recorded in the minutes of the hearing.

B. Impartiality of faculty board. Adverse actions requiring a faculty board hearing are infrequent and will affect a resident's medical career; therefore, it is essential to provide an unbiased due process hearing for the resident and for SAUSHEC. Personnel participating in the faculty board hearing should be able to make a fair and impartial review of the evidence presented. Members of the medical staff are not disqualified from participating in a faculty board hearing because they are personally acquainted with the resident or because they have knowledge of those matters giving rise to the termination action. Any party may petition for disqualification as a member of the faculty board on the basis of bias, prejudice, or interest in the outcome of the proceeding.

### **C. Members of faculty board.**

1. When a hearing is authorized under this policy, the Dean will appoint in writing qualified faculty to serve as members.

a. The faculty board must be composed of at least 3 but no more than 5 members and may include other program directors and faculty. At least 1/3 of the members will not have voted on the matter at the GMEC meeting that considered the issue.

b. The senior member of the faculty board will be designated as the chairperson.

c. A resident representative will be assigned as a peer review non-voting member.

D. The following personnel should not serve as members of the faculty board:

1. A person (e.g., DME, program director, or MTF commander) who has influenced any part of an investigation or action against the resident.
2. A person who has served as an military investigating officer in the resident case.
3. A person whose testimony or recommendation has played a significant part in initiating the action involving the resident.

E. Actions to be considered by the faculty board. Probation, extension of training or termination should be considered for the following examples or for similar circumstances:

1. Academic deficiency not corrected during a period of probation;
2. Single incident of gross negligence;
3. Pattern of inappropriate prescribing;
4. Pattern of substandard care;
5. Act of incompetence or negligence causing death or serious bodily injury;
6. Abuse of legal or illegal drugs or diagnosis of alcohol dependence;
7. Practitioner disability (i.e. psychiatric);
8. Unprofessional conduct.

F. Procedure. The chairperson of the faculty board shall ensure compliance with the following hearing procedures.

1. The resident shall be provided with at least 7 working days' advance notice to gather evidence, to contact witnesses, and to prepare for the hearing. The chairperson will ensure that the resident understands the hearing procedure including his/her right to legal representation.
2. The resident has the right to consult legal counsel for advice on these issues. Legal council may be obtained from civilian (hired at the resident's expense) or military if allowed by service specific regulations. The faculty board hearing is administrative in nature and therefore during the hearing, the resident can consult with his/her legal counsel but his/her council may not address the faculty board directly.
3. All materials, documentation, and evidence shall be submitted to the faculty board prior to the hearing with simultaneous distribution of copies to the program director and the

resident. Parties may agree to submit additional materials or documentation in advance of the hearing, provided that they agree on the nature, extent, and timing of such document submission and the faculty board agrees to receive such information.

4. The chairperson should consult with legal counsel before conducting the hearing and is encouraged to have a legal advisor present during the proceedings. If legal counsel represents the resident, it is advised that a military legal advisor be detailed for the faculty board hearing. These proceedings are not bound by formal rules of evidence or a strict procedural format because the hearing is administrative in nature. Therefore, the rules of evidence prescribed for trials by courts-martial or for court proceedings are not applicable. The faculty board may question witnesses at the hearing, i.e., faculty, medical staff, program director, and examine documents as necessary. The chairperson and the legal advisor are authorized to administer oaths to hearing personnel and witnesses.

NOTE: A military investigation report for the MTF commander can be provided to the faculty board for their review; however, a military investigation should not be used as a substitute for an objective faculty board hearing review.

5. The faculty board hearing should review all the evidence presented including matters presented by the resident. With the assistance of legal counsel the chairperson should arrange for orderly presentation of evidence. If an investigating officer is designated, he/she may present relevant documentary evidence and testimony at the faculty board hearing. Any objections made by the resident should be ruled on by the chairperson who may consult with the military legal advisor.

a. The resident and program director may present evidence and witnesses in support of their respective positions and may ask questions of any of the witnesses under the direction of the Chair. In general, the resident and program director are entitled to hear all testimony and examine all evidence that is presented at the hearing. However, the Chair can excuse any participant in the hearing from certain portions of the hearing if the Chair feels this will improve the chances of the faculty board obtaining a complete picture of the issues.

b. Because the formal termination proceeding is an administrative proceeding involving review of a recommended academic decision, discovery of facts is not germane to the faculty board hearing.

c. The hearing will be closed to the public.

6. After evidence is presented the voting members of the faculty board should deliberate in secret and determine by majority vote the recommendations. The chairperson will submit the recommendation in writing to the Dean no more than 2 working days after the hearing. A minority report may be submitted if the faculty board recommendation is not unanimous.

NOTE: The faculty board members should bear in mind their responsibility to clearly document the factual basis for their recommendation(s). General statements should be supported

by specifically identified incidents or situations. Case histories relied upon should be tabbed as exhibits to the record and documented by copies of pertinent medical records where feasible.

#### G. Faculty Board Recommendations

1. Probation or extension of training. If the recommendation is for probation or extension of training, this is referred to the Dean for administrative action. (See paragraph VIII and IX.)

2. Termination: If the recommendation is for termination, this is referred through the Dean to the MTF commander who will make the final decision.

a. The MTF commander will approve, modify, or disapprove the recommendation of the faculty board and will direct appropriate action. The MTF commander may also recommend sending a resident case back to the faculty board for further review.

b. The Dean shall notify the resident in writing of the MTF commander's decision. If the decision is for termination, the resident shall have 5 working days from receipt of the MTF commander's decision to prepare a written request for reconsideration of that decision. After receipt and examination of a request for reconsideration the MTF commander may revoke the decision to terminate and place the resident on a defined period of probation with a recommended plan of remediation, or he may affirm the decision to terminate. The result of the MTF commander's decision to terminate will be forwarded to HQDA/OTSG (DASG-PSZ-MG) for Army residents and to HQAFPC/DPAME for Air Force residents.

H. Appeal of SAUSHEC decision for termination. SAUSHEC has residents from the Army, Air Force, and Navy. Each branch of uniformed military service will apply the appeal process for termination action by its respective service.

**XII. Resident Resignation.** Residents may submit a written request to the program director for resignation from a program. The request will be considered by the program director, program training committee and forwarded to the Dean with the program director's recommendation which will state the circumstances of the resignation; whether or not performance has been satisfactory up to the time of resignation; how many months of training have been successfully completed by the resident; and whether the resident will be recommended for future GME training in the same specialty or a different specialty. This statement will be provided to the resident at the time of resignation, and the resident will acknowledge receipt of the statement. The GMEC will review the request and will recommend approval or disapproval to the MTF commander whose decision will be based upon the circumstances of the request. This decision will be forwarded to HQDA/OTSG (DASG-PSZ-MG) for Army residents and to HQAFPC/DPAME for Air Force residents.

**XIII. Reporting Adverse Actions.** When required by Department of Defense regulations or by the specific uniformed service, adverse actions--to include probation, extension of training, and/or termination--will be reported to the MTF credentials office, service specific medical commands, and to the National Practitioner Data Bank.

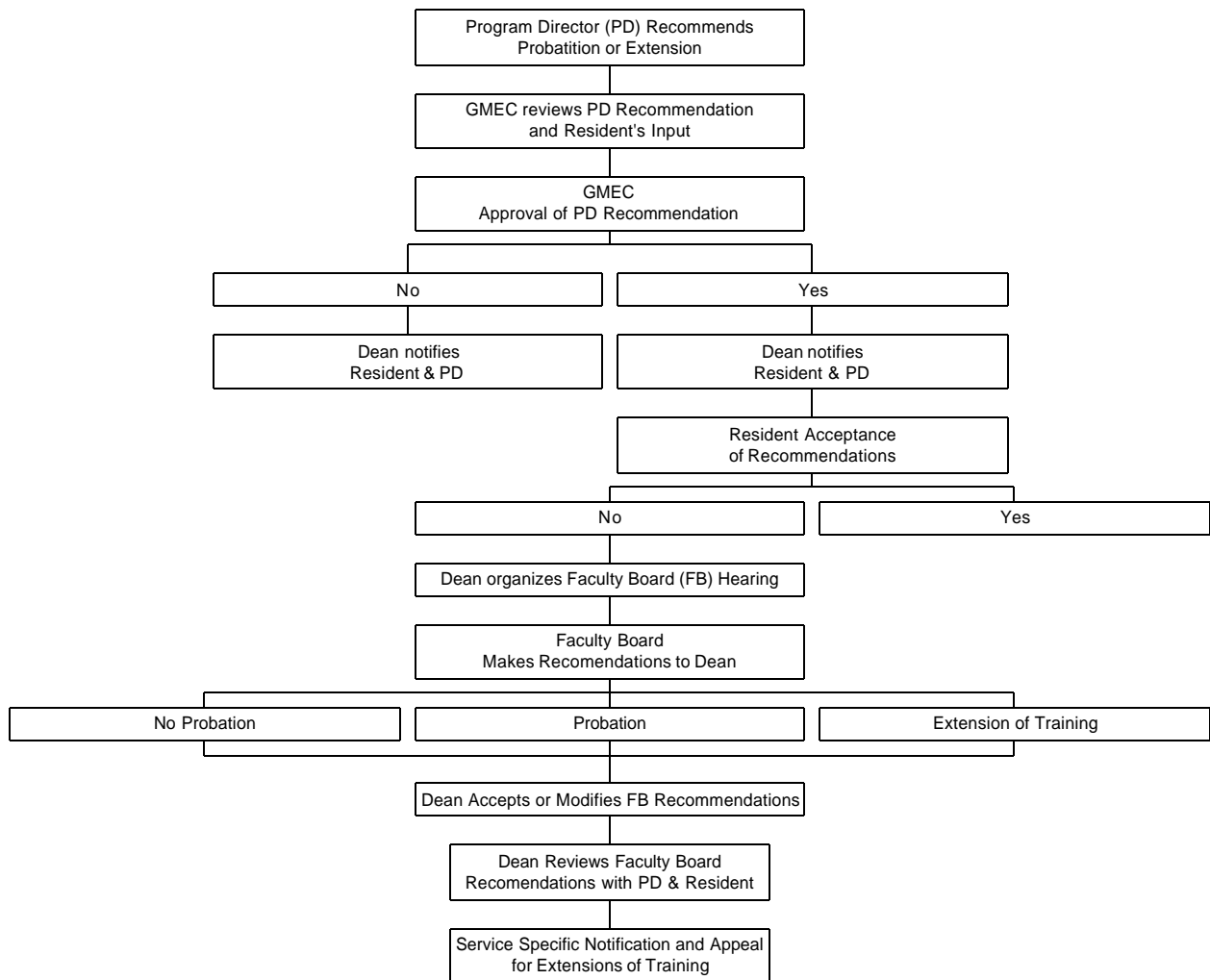
**XIV. Re-Entry Into GME.** Once a resident leaves a GME training program by resignation or termination, there is no option for reinstatement by the institution. The physician may only pursue further GME training through application and selection by a designated GME Selection Board. Applicants must meet all current eligibility requirements when submitting such an application.

### **References**

1. Army Regulation 351-3, July 01
2. Army Regulation 40-68 w/IC 101, Section 4-9, 4-10, 26 Jun 91
3. Army memorandum, MCHO-ME-GME, 26 May 98, Subject: Compliance with Army Medical Licensure Requirements for Participation in Graduate Medical Education (GME)
4. Air Force Instruction 41-117, 23 Apr 01
5. National Capital Consortium Handbook, Uniformed Services University of Health Sciences, "G. Policy on Adverse Actions and Due Process", pgs 23-29, <http://www.usuhs/gme/ncc.htm>, 5 May 2000.
6. University of Washington Resident Physician Policy, pgs 10-20, 2000-2001

## APPENDIX I

### Probation or Extension of Training Process





## APPENDIX II

### Termination Process

